



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA, 91765

1-800-CUT-SMOG www.aqmd.gov

Supplemental Form 400-P1

For Site Specific Excavation Plans Only
(To Accompany Application Form 400P)

| | | | |
|--------------------------|--------|-------------------|------|
| Legal Name of Applicant: | | Type of Business: | |
| Excavation Address: | | City: | Zip: |
| Contact: | Title: | Phone No.: | |

Excavation

| Reason for Excavation: <input type="checkbox"/> Tank Replace/Repair <input type="checkbox"/> Piping Replace//Repair <input type="checkbox"/> Remedial Action <input type="checkbox"/> Site Assessment <input type="checkbox"/> Other (specify) | Tanks to Be Excavated | | | Excavation Operating Schedule | | Scope of Excavation | | |
|---|-----------------------|--------------|----------|---|-------------|---|--------------------|-------------|
| | No. Tanks | Capacity (k) | Contents | Daily Starting Time: AM / PM | Start Date: | Est. Soil Vol. (yd3): | Density (tons/yd3) | |
| | | | | Daily Stop Time: AM / PM <th>Stop Date:</th> <th>Width (ft):</th> <th>Length (ft):</th> <th>Depth (ft):</th> | Stop Date: | Width (ft): | Length (ft): | Depth (ft): |
| | | | | Days/Wk: <th>Wks/Year:</th> <th colspan="3">Within 1000 ft of School? <input type="checkbox"/> Yes <input type="checkbox"/> No</th> | Wks/Year: | Within 1000 ft of School? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Monitoring

Storage

Prior Sampling

| | | | |
|---|---|--|--|
| Instrument to be Used: | Storage of VOC Soils <input type="checkbox"/> Stockpiled/Covered On-site <input type="checkbox"/> Stored in Sealed "roll off" Containers <input type="checkbox"/> Removed Immediately for Treatment <input type="checkbox"/> Other | VOC-Contamination Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | Source of VOC Contamination <input type="checkbox"/> Leaking Underground Tanks/Piping <input type="checkbox"/> Industrial Activities <input type="checkbox"/> Pipeline/Truck Spill <input type="checkbox"/> Other (specify) |
| Calibration Gas/Concentration: | | Supporting Documentation (attach copies): | |
| Air Sampling Locations: <input type="checkbox"/> Excavator Bucket <input type="checkbox"/> Stockpile <input type="checkbox"/> Excavation Parameter | | <input type="checkbox"/> Soil analysis (EPA 8020, 8015) <input type="checkbox"/> Vapor analysis (Provide records that indicate the instrument used, calibration gas, readings observed, and locations samples were taken). | |

Treatment

| | | | | |
|--|-----------------------------|----------------------------|---|-------------|
| Excavated VOC soils to be Treated: <input type="checkbox"/> On-site <input type="checkbox"/> At treatment facility within AQMD <input type="checkbox"/> Treated outside AQMD's jurisdiction | Name Of Treatment Facility: | | Phone: | |
| | Treatment Address: | | City: | State: Zip: |
| | Facility ID No: | Permit No.: (Provide Copy) | Air Quality Oversight Agency: <input type="checkbox"/> AQMD | |

Other Required Information

Provide the following information as attachments to this form:

- Proposed mitigative measures to control dust, odors and emissions during the excavation, including periods of inactivity such as lunch breaks nights, weekends and holidays.
- A facility layout/plot plan to indicate tank locations, property line, surrounding area up to 2500 feet away. Identify all uses in the area and highlight sensitive areas such as schools, residential areas, restaurants and shopping centers.